


FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: S-210C		
Serial No. 08/259,413	Filing Date June 14, 1994	Examiner H. Lilling	Group Art Unit 1651			
In Re Application of Harris et al.						
For PEGYLATION REAGENTS AND COMPOUNDS FORMED THEREWITH						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$380.00) <input type="checkbox"/> Three months of original due date (\$870.00) <input type="checkbox"/> Four months of original due date (\$1,360.00) <input type="checkbox"/> Five months of original due date (\$1,850.00)						
<input checked="" type="checkbox"/> A response: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a First Submission After Final Rejection under 37 C.F.R. §1.129(a) (3 pgs, attached). <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	=	x \$18	=
Indep. Claims	*	Minus	***	=	x \$78	=
<input type="checkbox"/> First Appearance of a multiple dependent claim					+\$260	=
Total Additional Fee for this Amendment						
*If the entry in column 2 is less than the entry in column 4, write "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.						
<input checked="" type="checkbox"/> The following fee is incurred by the accompanying papers. <input checked="" type="checkbox"/> Other: Request under 37 C.F.R. §1.17(r) \$760.00						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$760.00. <b>A duplicate copy of this petition is attached.</b>						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: US Patent Operations/TDZ Dept. 430, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799				 Thomas D. Zindrick Attorney/Agent for Applicant(s) Registration No.: 32,185 Phone: (805) 447-8101 Date: August 16, 1999		



## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Box AF, Washington, DC 20231, on the date appearing below.

August 16, 1999

Date

FREDDIE CRAFT

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